

**National Capital Chapter of the Canadian Evaluation Society**

**Evaluation Case Competition 1998**

**Case for the Preliminary Round**

**February 1998**

**"GAMBLING"**

The National Capital Chapter of the Canadian Evaluation Society is grateful to Rideauwood Addiction and Family Services, and in particular Paul Welsh, Executive Director, who proposed the case, and Brenda Donnelly, Administrative Assistant, who helped prepare case documents.

This material, a combination of actual and hypothetical documents, has been assembled for educational purposes only.

## **About the Canadian Evaluation Society and the Evaluation Case Competition**

The Canadian Evaluation Society, linked to similar societies around the world, is a non-profit organization dedicated to improving the quality of evaluations and their use in decision-making. One facet of its work is raising awareness among young people about the importance of solid evaluative information to the successful administration of firms, government initiatives, educational programs and non-profit organizations - and it here that the case competition plays a role. The competition provides university students with an intense, hands-on experience in assessing and condensing information related to an evaluation then presenting observations and recommendations to a decision-making body.

Here is how the competition works. The National Capital Chapter of the Evaluation Society invites universities in Ontario and Quebec to assemble teams of three to five students. In a first round of the competition, teams have five hours to examine an evaluation case file (available in both official languages) then submit a written analysis by fax for review by a panel of judges. The three top-rated teams are invited to Ottawa for a final round. There they tackle a new case then present their analyses to the judges in front of a live audience. The winning team takes possession of the crystal competition trophy for a year. Information of the winning team is circulated within the Canadian evaluation community. In addition to this networking opportunity, sponsors of the competition provide prizes to members of the three finalist teams.

***Call (613) 230-1007, or visit our Internet site, to learn more about the Canadian Evaluation Society.***

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## **Rules for the Preliminary Round of Competition**

There must be at least three and no more than five members to a team.

All team members must be registered in a program of university studies (undergraduate or graduate, full or part time).

Team members may be from any academic discipline.

Teams may be coached prior to the competition but coaches must not advise their teams between the time that they receive the case and the time that they submit their analyses for judging.

In preparing their submissions, teams are at liberty to explore any public information source such as would be accessible by a management consulting group. For example, they may consult books or articles, search libraries, use the Internet, and so forth. Team members are free to leave the work-site and take refreshment as they wish but they must not seek advice from others.

Teams have five hours to prepare their submission. Coaches will deliver the case materials to them at the start of this period. Submissions must be faxed to the competition organizers at the end of the five hours. Coaches will be provided with the numbers of the receiving fax machines.

Submissions should be concise, and 1,500 words is recommended as a targeted maximum. They may be in paragraph or point form, with or without graphics.

Judges are not to know the identity of the teams. Teams should reveal their true identity only on a cover page which will be removed before the submission is passed to the judges. However, they may use a non-revealing code name (e.g., XYZ Consulting) throughout the report if they wish.

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# RIDEAUWOOD

## ADDICTION AND FAMILY SERVICES

February 3, 1998

CasCom Consulting Inc  
112 University Road  
Primeville, Canada  
T4U 5B1

Greetings:

Congratulations on the establishment of your new management consultancy. I understand that although CasCom is not specializing in evaluation, you are willing to provide general advice in the area and plan to develop evaluation competence in your practice over the coming years. The present letter, which is also being sent to competing firms in Ontario and Quebec, is to offer you an opportunity to advise Rideauwood on evaluating a small, new addition to its services: treatment for compulsive gambling and counselling for the family members of problem gamblers. From the submissions that we receive, the Board and I will select the three that we find most sensible, useful and in tune with our needs. The three companies concerned will later be invited to bid on an evaluation of our complete program which incorporates a wide variety of services related to alcohol and drug addiction. While we are not in a position to pay for your initial advice, we hope that the potential for a subsequent contract (and the potential to promote awareness of your firm through the members of our board) will make your investment of time worthwhile.

### THE ORGANIZATION

Rideauwood Addiction and Family Services is a non-residential service which provides substance abuse and addiction treatment in specialized programs for adults, for adolescents aged 12 to 18 and for young adults. These programs account for about 50% of our client work. Education and counselling for family members, including parents,

partners, spouses, children and others constitute the remaining 50% of our clients. All programs are group-based with individual counselling as needed.

Our agency is governed by a community-based board of directors. It is funded 80% by the Ministry of Health, 5% by Ministry of Community of Social Services, and 15% by fund-raising and voluntary fees for services not supported by government. We employ approximately 26 full-time and part-time staff with a complement of 19.5 full time equivalents (person-years). Our annual budget is about \$925,000.

Each year we receive 1,200 to 1,500 requests for service and are able to serve about 450 clients yearly. Our services include day and evening programs and last from one to two or more years, depending on need. The philosophical underpinnings and our methods are broad, inclusive, and lean toward family system work.

#### THE PROGRAMS

1. Adult Addiction Program for women and men 23 and older.
2. Family Member Program for spouses, partners or other people close to an adult with substance abuse or addiction problems, whether or not that person is in treatment.
3. Youth Substance Abuse Programs for younger adolescents 12 to 18 and Young Adults ages 19 to 23 (separately) with alcohol or drug related problems. Secondary prevention to full addiction treatment are provided both in our agency and in five selected secondary schools.
4. Parent Programs for parents of youth who have alcohol or drug related problems, regardless of whether their child is in treatment.

#### THE CHALLENGE

Rideauwood implemented a Problem Gambling Program in April 1997 with components for “Gamblers” and “Family” offered separately. The service is currently supported by fund-raising and voluntary fees. Few clients pay a fee. This is not a barrier to service. The Rideauwood Gambling Program is the first such service in Eastern Ontario. It opened following a year of research, staff training and certification, and program planning.

The program was implemented because a substantial proportion of clients in our addiction services frequently have concurrent gambling problems which usually proved to be more intractable than alcohol or drug problems. Since the opening of a high stakes gambling

casino across the river in Hull, we have seen increasing numbers of people with serious gambling problems.

The program is offered by a staff member who dedicates 1.5 days weekly. More funds would certainly see more time occupied by more clients.

The Provincial government may make funds available this year. We will apply for those funds, but require a more robust evaluation than we have undertaken so far to provide better evidence of the benefits of funding our service.

## THE PROJECT

**We would like you to provide straightforward, non-technical advice on how we should proceed in meeting our objective of producing evaluative information, within six months, to strengthen a request to potential funders in a variety of sectors for support of an expansion of the Gambling Program.** Please bear in mind that members of our Board are busy people and that they do not have specialized knowledge of program evaluation. Clarity and brevity are recommended.

Although I have had little opportunity to think about it for extended periods of time, I have some preliminary ideas about how Rideauwood might proceed with evaluation of the counselling service for gamblers and their families. Without wanting to influence the structure of your advice, I thought you might find it helpful to know the current state of my thinking. We take a hands-on approach to evaluation here and definitely want to set our own evaluation agenda rather than have one imposed upon us by the provincial government. Most of the evaluative work done on other Rideauwood services (see attachments) was largely under my direction.

As I have no specific budget for evaluation of the Gambling Program, I thought about having one of our graduate student placements (students spending time in our program here as part of their academic training) concentrate on the assessment. She or he could review the literature on assessments of other gambling programs. I would like to know more about validated tools for assessing outcomes and client satisfaction. We need evaluation tools and materials that are user-friendly to both staff and to clients. Clients are often fragile and anxious early in treatment and long questionnaires will affect the clinical work adversely. And of course, I would want to know what other evaluative work has found about improving program effectiveness. In addition, I want to devise some way of tracking clients' goals, and their goal achievement, at admission, part way through treatment, and post-treatment.

We have served 26 clients since April '97, of whom 17 were gamblers and 9 were family. We currently have 15 active clients, of whom 12 are gamblers and 3 are family. Additional information is attached.

I hope you will take us up on this challenge, and look forward to hearing from you on February 7, 1998. Apologies for the short turn-around time! The ice-storm of the millennium disrupted our schedule (as it may have yours!) and this material is being sent to you later than we had planned. However, the Board will meet next week to review proposals, so postponing the deadline was unfortunately not an option.

Sincerely,

R. Paul Welsh, M.S.W.  
Executive Director

RPW: bd  
Encls.

**ATTACHMENT A:**

**INFO ON ESTABLISHED PROGRAMS:**

***EXTRACTS FROM THE JANUARY 1997 PROSPECTUS***

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# **TWENTY YEARS OF INNOVATIVE SERVICE**

**1976 to 1996**

## **THE 20TH ANNIVERSARY PROSPECTUS OF RIDEAUWOOD ADDICTION AND FAMILY SERVICES**

### **MISSION STATEMENT**



**Rideauwood Addiction and Family Services is a non-profit agency serving adults, adolescents and family members who are or have been affected by addictions and substance abuse.**



**We aim to educate and counsel our clients to gain a clear understanding of their situation and choices, set goals for change, and improve their quality of life.**



**We actively seek partnerships with government, community groups, agencies and corporations to increase awareness and action in the community.**

## EXECUTIVE SUMMARY

Rideauwood Addiction and Family Services, established in Ottawa-Carleton in 1976, is a non-profit, community-based service offering non-residential group and individual treatment for substance abuse addiction and related family problems. Public education, training and consulting with other service providers concerning their clients are some other activities carried out by the agency's experienced staff. Services include:

- ❑ Adult Addiction Program including co-educational and women's services.
- ❑ Teen Program including school-based program, and separate services for adolescents and young adults.
- ❑ Parent Program including outreach, education and counselling.
- ❑ Family Member Program including day and evening programs for education and counselling.
- ❑ Training Programs for health, mental health, education, probation and other human services and business.

To date, approximately 17,000 people have requested services, and some 7,500 people have been admitted. More than 490 people are admitted yearly. Treatment is very successful. Completion in all programs exceeds 70%. Client satisfaction averages over 90%. Clients realize major changes in health, work, family, school and emotional health.

Rideauwood's intake, assessment and treatment methods focus on a client's individual level of awareness, motivation and readiness for change. The targeted utilization of services in "stepped care", which provides only those services required by a client, contributed to high overall completion rates of 79% for Adults, 90% for Family Members, 61% for Teens/Young Adults and the School-Based Program, and 85% for Parents. Services are primarily group-based, effective and inexpensive.

In 1996, Rideauwood pilot-tested evaluations designed to provide data on long term client changes and client satisfaction with services. Former clients between 1990 and 1994 were surveyed (26% responded from the Adult Addiction Program, and 22% responded from the Family Member Program). Substantial improvements in lifestyle were reported by clients who completed the survey. Nearly all respondents reported that Rideauwood had been "very helpful" or "helpful".

Also, in 1996, active clients from the Teen, Young Adult, School-Based and Parent Programs were surveyed on satisfaction and changes in lifestyle. Since evaluations were based on responses of almost 100% of clients being served, results are fully representative of the clients in these programs. Positive outcomes were not dependent on treatment completions. Clients in the Teen/Young Adult Programs reported considerable changes in a variety of areas of functioning and in satisfaction with life. Regarding the use of alcohol and drugs, 41% reported that they "Don't Use Any" and another 41% stated they "Use Much Less/Use Less". In the School-Based Program, positive changes in many areas of life critical to adolescents' future well-being increased with length of service. Overall, school attendance improved by 19%, lateness decreased by 39% and grades increased by an average of 6%. In the Parent Program, clients reported that they received the help they needed for themselves and their families (90%) and that the strategies they learned were helpful.

Client testimonials present common themes about Rideauwood's impact. Treatment and counselling bring about important changes in self-awareness and self-acceptance, and provide tools for living. Many clients expressed that the programs have contributed to their very survival. There was also strong support for treating the whole family.

Rideauwood works within the community to educate the public and also provides training and development for professionals. Approximately 30 public education workshops are presented annually, servicing more than 1,000 people. Over 1,300 professionals throughout Eastern Ontario have received Rideauwood's training in substance abuse recognition and intervention. As well, Rideauwood has been instrumental in the planning and development processes that have created other complementary substance abuse services.

## **OVERVIEW OF SERVICES**

### TREATMENT APPROACH

Rideauwood's treatment is in great demand with more than 1,200 referrals and requests coming in each year.

Rideauwood's approach has developed out of 20 years of observation, treatment experience and research. There are many factors that can contribute to harmful use of alcohol and drugs. These include emotional distress, biological risk factors, inter-generational patterns and environmental influences. A range of views and belief systems exist in society about substance use, abuse and dependence or addiction. This range of views is reflected in clients. Rideauwood's approach is to help the client recognize the signs of substance abuse and dependence and acknowledge serious problems requiring change. All services address the individual client's awareness, motivation and readiness for change. Change is at the core of Rideauwood's work.

Rideauwood's focus with clients is broad, encompassing all aspects of living which require change. It includes harm and risk reduction, reduced use, and abstinence from alcohol and drugs, depending on the clients' needs and motivation and the program. No single philosophy of substance abuse or addiction is required of clients and none is rejected by staff. Behavioural, psycho-bio-social, social learning, disease and 12 Step approaches each have merit and utility. They are all part of the versatile and eclectic array of tools and approaches available to staff.

The goal of the Adult Addiction Program is for the client to eventually avoid using alcohol and drugs completely. Intervention is designed for serious dependence problems. In the Teen/Young Adult/School-Based Programs, greater emphasis is placed on motivation and reducing harm by assisting clients to deal with substance abuse as well as possible dependence. Care, understanding, respect, skill and time are required to build on any early progress in all these programs.

The Family Member Program offers service to any individual seeking change and relief from the turmoil caused by alcohol and drug problems in the family. People worry for themselves, their children, their spouses and their parents. One major benefit is to prevent children from growing up in distress and to reduce the risk of further alcohol and drug problems emerging in the family. By working with individual members, the whole family benefits. The person with the alcohol or drug problem has a better likelihood of recognizing the problem and addressing it effectively in a family where stability and positive changes take place.

Group treatment, supplemented with individual counselling, is provided as an effective and efficient mode of intervention to facilitate the sharing of life experience, positive peer pressure, group support, insight and change.

## COMMUNITY PARTNERSHIPS

For greater cost-saving and effectiveness, Rideauwood forms community partnerships that maximize the strengths and potential of various players. Four residential treatment facilities for adults and youth refer clients to Rideauwood for reintegration, aftercare and family services. This results in a less expensive service continuum. Rideauwood's School-Based Programs are partnered with the school social workers, administration and guidance staff. These services provide assistance to adolescents when substance abuse or dependence is negatively affecting academic performance, school behaviour and/or mental health. By providing targeted services which create positive change with the most time-consuming students in the school system, the effectiveness and efficiency of all school staff are substantially increased.

Sharing expertise on the treatment of alcohol, drug and related family problems helps many other agencies address difficult client situations and facilitates appropriate referrals to Rideauwood and other programs. Training and consulting services are provided to hundreds of professionals, counsellors, educators, health providers and students each year. Student counsellors receive over 2,200 hours of supervised clinical field placements each year.

As a community-wide resource, Rideauwood delivers approximately 30 public education workshops attended by over 1,000 individuals each year. These activities promote greater awareness of the risks and consequences associated with substance abuse leading to more effective prevention and earlier intervention.

Intensive training is also provided to 50 human service professionals each year to increase the number of people with the ability to recognize and effectively address alcohol, drug and related family problems in their patients, clients and employees. Even further training in the specific skills of assessment, treatment and relapse prevention is provided to other services. Each year at least nine agencies in Eastern Ontario place front line staff in Rideauwood internships averaging 16 weeks. Here, skills are developed through supervised on-the-job training in Rideauwood's treatment programs.

Many services, schools and institutions have clients and patients who are clinically challenging for their staff and where referral is not yet a viable option. An average of 208 case consultations are provided each year to other professionals and services throughout Eastern Ontario to assist them with their own clients' alcohol or drug related problems and service challenges. These consultations are above and beyond those related to referrals to Rideauwood.

An average of nine students in health and social science programs from graduate schools to community colleges pursue field placements at Rideauwood for six to twelve months. These, too, add to the pool of service providers who possess the knowledge and skills which can address the common problems that alcohol and drugs create for our health, social, mental health, legal and education systems.

Rideauwood has also been instrumental in local planning and development processes that have created complementary substance abuse services such as the David Smith Centre, Maison Fraternité's Youth Program, and the Royal Ottawa Hospital's Early Intervention Program, as well as in ten other communities.

Program development, consultation and training have been provided to assist new agencies and services to develop their programs in Woodstock, Owen Sound, Montreal, Moosonee, Thunder Bay, Cornwall, Hawkesbury, North Bay, Prescott, Kingston and Ottawa-Carleton.

## **INNOVATION**

Following an evidence-based review of the literature, services have been revised to ensure that the right kind of treatment is matched to each client's readiness for change. New policies and methods have been put in place addressing public health needs for HIV prevention and making services more accessible and supportive for HIV positive clients. A new Women's Recovery Service, for example, responds to special needs of women.

Services are modified periodically to remain current with changing client needs, research and technological advancements. Over the last four years, philosophical perspectives and definitions have been modified to be more flexible and inclusive. Harm reduction and abstinence goals and methods have been implemented to complement each other. In our Stepped Care approach, the type and amount of service is offered step by step to match the needs and wants of clients.

Since 1994, five new group services have been implemented without additional provincial funding: Family Education Series (four evenings); Family of Origin Counselling (one year); Cocaine Relapse Prevention (14 weeks); Men's Workshops for Change (weekend workshop plus group); and Siblings of teens with alcohol/drug problems, 12 weeks. Public interest workshops on Relationships for Singles and Relationships for Couples have been piloted with success in 1996.

## **EXPERIENCE**

Staff turnover is low. Counsellors have an average of 6.1 years experience with Rideauwood (range one to 11 years). Managers have an average of 13.25 years of experience with Rideauwood (range 10 to 20 years). Administrative staff have an average of 5.75 years (range one to 11 years). The organization is able to draw on broad experience within our staff as well as attract staff with new experience and vision.

## **GOVERNANCE**

Rideauwood is governed by elected members of the community it serves. Its members are drawn from business, professionals, former clients and other interested citizens to guide the agency and ensure good stewardship, accountability, responsiveness and service quality. In the past three years, the Board has led planning steps which produced the first Three Year Strategic Plan, a completely new Human Resources Policy and Procedures Manual, new fund-raising which increased revenues by over \$30,000 yearly, the development of five new services without government funding, and pilot program evaluations.

## **FUNDING**

The Province of Ontario provided \$791,000 in 1996, covering the cost of service to 40% of those in need. Budget cuts over the last three years were absorbed by reductions in overhead and management positions. Services have not been reduced.

Rideauwood is a registered charity that carries out a variety of fund-raising activities to supplement the financial resources of the organization. These activities generated over \$50,000 in 1995-96, and supported many more clients in expanded treatment, education and counselling services. Our Charitable Registration number is 04 89559 57 10.

An average of 38 field placements, internships and volunteers yearly provide well over 3,800 hours of supervised client support and treatment. This contribution of free human resources is the equivalent of two full-time counsellors each year. It increases service quantity and quality and greatly enhances the agency's efficiency.

## **SOME MILESTONES: RIDEAUWOOD'S FIRST 20 YEARS**

- 1976 . Start-up funds were received from the Ministry of Health (M.O.H.) with an agreement that there would be partial funding combined with fee-for-service after the first four years.
  - . The first five-day "Client Course" was held at Gateway House in January 1976. Soon after, Day Treatment was conducted at Algonquin College, Byron Campus.
  
- 1980 . Fees to cover 40% of programming costs were instituted as per agreement with M.O.H.
  - . Counselling services for Adult Children of Alcoholics began.
  - . Rideauwood conducted a weekly talk/phone-in show for five years on CHEZ 106 radio.
  
- 1985 . The first School-Based Programs were piloted, combining treatment with schooling.
  - . Training and policy development was provided to Ottawa and Carleton Board of Education Trustees.
  
- 1988 . A telephone intake screening process was implemented that eliminated the need for assessments for clients who were not well matched with the program, thus reducing the waiting list by 50%.
  - . Adult/Family services were revised to reduce long waiting lists and dropouts. Pretreatment screening and support services began.
  
- 1991 . Based on the success of the program, School-Based Programs expanded to four secondary schools.
  
- 1993 . Client tracking was enhanced to provide measurable feedback on service utilization, completions and success.
  - . An Intake Group was started to eliminate a 12 week waiting list for the Adult Program.
  - . "Stepped" treatment modules were designed to enhance service options to clients.
  
- 1994 . The Social Contract reduced funding by 2.5%. Client services were sustained by reducing management by 20% and by cutting costs associated with staff training, travel, photocopying, telephones and other costs.
  - . The first Three Year Strategic Plan was developed. Measurable results were first reported to the M.O.H.
  
- 1996 . Twentieth Anniversary Year of Rideauwood.
  - . The new Client Satisfaction and Outcome Evaluation was introduced. The new M.O.H. client information system "Drug and Alcohol Treatment Inventory of Service" was initiated.

# STEPPED CARE COMPONENTS & EVALUATIONS

## ADULT ADDICTION PROGRAM

### STEP 1 INTAKE, OUTREACH, ASSIGNMENT

**TELEPHONE INTAKE** provides initial counselling, screening and referral to people requesting or enquiring about services. Clients who are likely to need and benefit from the Intake Group are referred to it.

### STEP 2 ASSESSMENT, EDUCATION, MOTIVATION AND TREATMENT PLANNING

**INTAKE GROUP** provides group-based education, motivation counselling and support to clients in early recovery, or who are unsure whether they have an alcohol/drug problem. This step typically lasts up to 16 weeks.

**ASSESSMENT** identifies specific and relevant issues, needs and goals, and begins to develop treatment plans with clients. It provides initial engagement with primary counsellor. An abbreviated assessment is provided to clients referred with documentation from other alcohol/drug services.

### STEP 3 TREATMENT

**EARLY TREATMENT GROUP** increases knowledge, awareness and motivation to continue action which addresses an alcohol/drug problem. This step consists of weekly group counselling and periodic individual counselling for 14 to 16 weeks.

**DAY TREATMENT** provides intensive recovery treatment through education, self-assessment, encouragement and self-esteem building and relapse prevention for seven hours daily, Monday to Friday, over two weeks.

**CONTINUING CARE** is offered in three steps or modules on an as-needed and client request basis. Service is primarily in groups with periodic individual counselling. Each module lasts 14 to 16 weeks.

**INDIVIDUAL COUNSELLING** on an average of every three or four weeks per client is provided. Considerable crisis and relapse prevention counselling are offered as required. Consultation with other service providers and Rideauwood Family Program staff occur when appropriate.



## STEP 4 PROGRAM EVALUATIONS: COMPLETION, SATISFACTION, OUTCOME

In 1996, evaluation of client completions was conducted. All clients who entered treatment in 1994-95 were followed to termination to identify those who had completed the treatment steps they entered. Also in 1996, an evaluation to provide data on long term client outcome and client satisfaction was piloted. Former clients in the Adult Addiction Program between 1990 and 1994 were surveyed. Two hundred and sixteen (216) surveys were mailed, with 23 returned undelivered. There were 47 responses completed and returned, for a 26% response rate. The evaluation surveyed 15 areas of functioning. Clients compared these from entry into Rideauwood's program to the current date. Client length of stay in programs was also determined.

## EVALUATION RESULTS

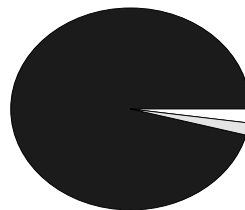
### STEP 4 ADULT ADDICTION PROGRAM EVALUATION 1996 (n = 47) \*

#### 1.0 SERVICE STEP COMPLETIONS \*\*

	Entered	Completed	Completion Rate
• Early Treatment	83	58	70%
• Day Treatment	44	42	95%
• Continuing Care: Module 1	37	24	65%
Module 2	24	18	75%
Module 3	17	17	100%

#### 2.0 Areas of functioning

##### 2.1 Alcohol/Drug Use Today



##### 2.2 Other Areas of Functioning Improved/Greatly Improved

• Physical Health	87%
• Managing Finances	79%
• Self-esteem	96%
• Sense of Well-being	94%
• Relationship with Partner	64%
• Job Performance	78%
• Finding/Keeping Work	61%

### 3.0 CLIENT SATISFACTION

3.1 Was Rideauwood helpful to you?

Very helpful	85%
Helpful	15%

### 4.0 UTILIZATION

The majority of clients were served in Rideauwood's outpatient program for 12 to 24 months (92%). Nearly half the respondents had family who were served in Rideauwood's Family Member Program (47%).

### 5.0 SUMMARY OBSERVATIONS

*The targeted utilization of services in "stepped care", which provides only those functioning services required by a client, contributed to high completion rates of 79% overall. Substantial improvements in functioning were reported by former clients who completed the survey. Most notable were positive changes in alcohol/drug use, physical health, finances, well-being, self-esteem, employment and marital relationships.*

\* The 47 clients responding to this evaluation survey in questions 2.0 to 5.0 were **former clients** who had been admitted between 1990-94.

\*\*The clients who completed the Treatment Steps in 1.0 had entered treatment in 1994-95. Program lasts 18 months.

**Similar information on the Family Member Program, Teen program, School-based Teen program and Parent Program was presented in the Prospectus.**

**We felt that information on the Adult Program was enough to indicate the general approach to programs and the nature of the 1996 evaluative work.**

## SOME CLIENT TESTIMONIALS

"I am positive that self-help alone would not have been enough. P.S. It worked. We now have two kids a new home, and no money worries to prove it. Thanks!!!"

"Thanks to Rideauwood's counsellor and other clients, I now live a sober and useful life. I am alive and well."

"I was sixty years old at the time and had a lot of garbage inside. Thanks once again. I've been recommending Rideauwood to others."

"I don't know how I would have coped or survived without Rideauwood's Programs. I would highly recommend this help for anyone faced with addiction problems."

"I'm very grateful to Rideauwood for helping me make the decision I needed to make. My life has greatly improved. Thank you!"

"Rideauwood has been a beacon of light for my wife and I during a very difficult time. It is very re-assuring to have people supporting us during a time when our values and convictions are being tried and tested from all quarters. We have grown from our experience at Rideauwood and will be forever grateful for the caring, experienced staff and counsellors who were always available to talk and listen by phone or in person..."

"My son was in the Teen Program at Rideauwood. He completed the program and to date his life has changed dramatically."

"If you're serious about recovery, go to Rideauwood."

"This is a great group to have in a school."

## **RIDEAUWOOD'S HUMAN RESOURCES**

### **BOARD**

The Board includes a **President** (a consultant), a **Vice President** (an MA in psychology), a **Secretary** (a consultant) and 10 **members** (2 lawyers, a teacher, a business owner, a company director, a communications consultant, a clinical psychologist, a pastor and a medical doctor)

4 Board Members are consumers/former clients

### **STAFF**

The Staff is headed by an **Executive Director** (M.S.W), assisted by an **Administrative Coordinator** (B.A.) an **Administrative Assistant** (B.A.C.S.) and two **Receptionists** (B.A.s)

There is a **Director of Adult and Family Programs** (M.S.W., I.C.A.D.C.) with ten **Counsellors** (all with relevant degrees or counselling certifications) and a **Director of Teen/Parent Programs** (B.A., B.Ed., I.C.A.D.C) with a further eight highly qualified **Counsellors**.

About half of the counsellors have themselves overcome addiction problems.

# **ATTACHMENT B:**

## **INFO ON GAMBLING ADDICTION COUNSELLING SERVICE:**

*POSTERS;*

*DATA ELEMENTS ON INTAKE FORM;*

*STAFF RECORDS .*

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**RIDEAUWOOD**

**ADDICTION AND FAMILY SERVICES**

# TREATMENT PROGRAM FOR COMPULSIVE GAMBLING

## OBJECTIVES:

To assist people who have gambling problems

- Understand the nature of compulsive gambling
- Recognize how it has affected the gambler and others
- Understand the need for change and make a plan of action
- Identify blocks to recovery in a supportive environment

## PROGRAM: \*

### ***Phase I - Education Series***

Four evening sessions - 1 ½ - 2 hours each

*Offers information on compulsive gambling, a look at problems associated with gambling and options for change*

### ***Phase II - Taking Action***

Four evening group counselling sessions - 1 ½ hours each

Two individual counselling sessions - 1 hour each

*Focus on identifying relapse issues, learning new coping skills, and work on the obstacles to change in a supportive environment*

### ***Phase III - Continuing Care***

Ongoing weekly group sessions and individual counselling

*Continue recovery work and receive support in applying new behaviours*

### ***Other options offered***

Individual counselling

Couples counselling

Financial counselling

*\* This program is not provincially funded.*

*Fees are low and geared to income thanks to fund-raising and donations.*

***CONTACT: Rideauwood Addiction & Family Services***

***6 Hamilton Ave. North***

***Ottawa, ON K1Y 4R1***

A similar poster was produced for the counselling service available to the families of gamblers

## INFORMATION REQUESTED ON THE GAMBLER INTAKE FORM

Counsellor

Date

Time

Name

Address

Phone numbers

Age

Education

Gender

Date of Birth

Health Insurance Number

Referred by

Reason for calling

Who is concerned/ applying pressure

Willing to sign release (yes or no)

Any legal problem (y / n )

Mandatory (y / n )

Court order (y / n )

Parole / probation (y / n )

Do you want to stop

Motivation level (good, fair, poor)

### SEVERITY OF DISORDER

How often

Has there been progression

How long

Types of gambling

Have you attempted to stop

Have you received treatment

### HEALTH

Any serious health problems

Any medication

Any other addictions

Have you received treatment

Current withdrawal symptoms: headaches, insomnia, gastrointestinal problems, aches and cramps, heart problems, shaking/trembling, sweating, chills or fever, cravings, restless, irritable

## FINANCES

Estimate of debt

Losses

Working (y / n )

Estimate of income

Do you rent or own home

## LEVEL OF SUPPORT

Living environment

Name of spouse

Secret, or do you have support

Addictions in family

Info on family program

## PSYCHIATRIC

Under psychiatric care (y / n )

Who

Reason / diagnosis

How are you feeling today

Suicidal thoughts

In crisis

Appropriate

Date to Start

Inappropriate (Reason)

Other referral

Accepted

Recommendations (Gamblers Anonymous)

Show / No show

Fee assessed

Collected

Info sent

## SOME INFO ON PARTICIPANTS (Counselling for compulsive gamblers)

CLIENT NAMES	AGE	STATUS	SEX	GAMBLING ACTIVITIES	LENGTH OF STAY	FAMILY IN TREATMENT HERE	CONCURRENT PROBLEMS	REFERRAL SOURCE
A	43	xAC	M	Cards, lottery	6 months			Newspaper
B	36	xAC	M	Blackjack	2 months		Dep.	Dr. X
C	49	xAC	M	Dice, Sports Lotto, Cards, slots	4 months	✓	Dep.	A.A.S.
D	37	CC	F	Bingo, lottery, slots, Nevada	seen once		Dep. PTSD	Friend
E	33	CC	M	slots, scratch Nevada	2 months		CD, Learning Disorder	V.R.S.
F	29	WD	F	slots, scratch Nevada	Intake only		Dep.	Dr. Y
G	37	XAC	F	slots, bingo Nevada	2 months		C.D., Dep. Sexual Abuse	R.O.H.
H	35	xAC	M	cards	5 months		C.D., Panic Disorder	Family
I	28	CC	M	slots, cards	2 months		C.D., Psychosis	R.W.
J	29	AC	M	cards, sports	6 months		C.D.	Rideau Corrections
K	56	xAC	M	horses, cards	6 months		Dep., Anxiety	L.Z..
L	61	xAC	M	roulette, blackjack	5 months	✓	Dep., C.D.	Newspaper
M	18	xAC	M	poker	1 month	✓		R.O.H.
N	31	xAC	M	cards, lottery	1 month	✓	C.D., 9 months off work (stress)	Bellwood Hospital
O	55	CC	M	slots, lottery	seen once	✓		Dr. Z
P	30	xAC	M	roulette	1 week	✓		

(x means still active). All are casino gamblers, aa "pathological" range. Screening process - 20 minute phone screen or 1 hour individual + SOGS first group. Model of treatment - cognitive, behaviour, emotional



**ATTACHMENT C:**

**ASSESSMENT INSTRUMENTS ON FILE**

***SOUTH OAKS GAMBLING SCREEN***

***GAMBLERS ANONYMOUS 20 QUESTIONS***

***QUESTIONNAIRE SENT TO CLIENTS IN THE PROBLEM  
GAMBLING PROGRAM***

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**RIDEAUWOOD**

**ADDICTION AND FAMILY SERVICES**

**SOUTH OAKS GAMBLING SCREEN (SOGS)**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Please indicate which of the following types of gambling you have done in your lifetime. For each type, mark one answer: not at all; less than once a week; or once a week or more.

	less than at all	once a week or more	
a.	_____	_____	play cards for money
b.	_____	_____	bet on the horses, dogs or other animals (at OTB, the track or with bookie)
c.	_____	_____	bet on sports (parlay cards, with a bookie, or at Jai Alai)
d.	_____	_____	played dice games (including craps, over and under or other dice games) for money
e.	_____	_____	gambled in a casino (legal or otherwise)
f.	_____	_____	played the numbers or bet on lotteries
g.	_____	_____	played bingo for money
h.	_____	_____	played the stock, options and/or commodities market
i.	_____	_____	played slot machines, poker machines or other gambling machines
j.	_____	_____	bowled, shot pool, played golf or some other game of skill for money
k.	_____	_____	pulled tabs or "paper" games other than lotteries
l.	_____	_____	some form of gambling not listed above (please specify)

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2. What is the largest amount of money you have ever gambled with on any one day?

\_\_\_\_\_ never have gambled

\_\_\_\_\_ more than \$100 up to \$1,000

\_\_\_\_\_ \$1 or less

\_\_\_\_\_ more than \$1,000 up to \$10,000

\_\_\_\_\_ more than \$1 up to \$10

\_\_\_\_\_ more than \$10,000

\_\_\_\_\_ more than \$10 up to \$100

3. Check which of the following people in your life has (or had) a gambling problem.

\_\_\_\_ father                  \_\_\_\_ mother                  \_\_\_\_ a brother or sister          \_\_\_\_ a grandparent

\_\_\_\_ my spouse or partner                  \_\_\_\_ my child          \_\_\_\_ another relative

\_\_\_\_ a friend or someone else important in my life

4. When you gamble, how often do you go back another day to win back money you lost?

\_\_\_\_ never    \_\_\_\_ some of the time (less than half the time I lost)

\_\_\_\_ most of the time I lost                          \_\_\_\_ every time I lost

# Gamblers Anonymous' 20 Questions

These questions are designed to determine the extent of the gambling behaviour. Items focus on the time and money spent gambling as well as emotional, social, marital, financial and legal issues related to gambling. Compulsive gamblers usually answer "yes" to at least seven of the 20 questions.

1. Do you lose time from work due to gambling?
2. Is gambling making your home life unhappy?
3. Is gambling affecting your reputation?
4. Have you ever felt remorse after gambling?
5. Do you ever gamble to get money with which to pay debts or to otherwise solve financial difficulties?
6. Does gambling cause a decrease in your ambition or efficiency?
7. After losing, do you feel you must return as soon as possible and win back your losses?
8. After a win, do you have a strong urge to return and win more?
9. Do you often gamble until your last dollar is gone?
10. Do you ever borrow to finance your gambling?
11. Have you ever sold any real or personal property to finance gambling?
12. Are you reluctant to use "gambling money" for normal expenditures?
13. Does gambling make you careless about the welfare of your family?
14. Do you ever gamble longer than you had planned?
15. Do you ever gamble to escape worry or trouble?
16. Have you ever committed, or considered committing, an illegal act to finance gambling?
17. Does gambling cause you to have difficulty sleeping?
18. Do arguments, disappointments or frustrations give you an urge to gamble?
19. Do you have an urge to celebrate any good fortune by a few hours of gambling?
20. Have you ever considered suicide as a result of your gambling?

(Gamblers Anonymous, 1984)



4. If a friend were in need of similar help, would you recommend our program to him or her?

4	3	2	1
No, definitely not	No, not really	Yes, generally	Yes, definitely

5. How satisfied are you with the amount of help you have received?

4	3	2	1
Quite dissatisfied	indifferent or mildly	Mostly satisfied	Very satisfied

6. Have the services you received helped you to deal more effectively with your problems?

4	3	2	1
Yes, they helped a great deal	Yes, they helped somewhat	No, they really didn't help	No, they seemed to make things worse

7. In an overall, general sense, how satisfied are you with the service you have received?

4	3	2	1
Very Satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

8. If you were to seek help again, would you come back to our program?

4	3	2	1
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

9. How long have you been a client of our Gambling Program?

1 to 4 weeks	5 to 8 weeks	9 to 12 weeks	13 to 16 weeks	17 weeks or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How did you hear about our program?

11.a In the one month before you came to Rideauwood's Gambling Program, how many times did you gamble?

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 to 5 times             | 6 to 10 times            | 11 to 15 times           | 16 to 20 times           | more than 20 times       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11.b In that one month, approximately how much money did you lose through gambling?

\$ \_\_\_\_\_

12.a In the most recent month, how many times did you gamble?

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 to 5 times             | 6 to 10 times            | 11 to 15 times           | 16 to 20 times           | more than 20 times       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12.b In the most recent month, approximately how much money did you lose?

\$ \_\_\_\_\_

13. Have you missed any group or individual counselling sessions?

- |                |                     |                      |                      |                      |                     |
|----------------|---------------------|----------------------|----------------------|----------------------|---------------------|
| Missed<br>None | Missed<br>1 session | Missed<br>2 sessions | Missed<br>3 sessions | Missed<br>4 sessions | Missed<br>5 or more |
|----------------|---------------------|----------------------|----------------------|----------------------|---------------------|

14. Has Rideauwood been useful to you in helping you achieve your goals to reduce the harmful impacts of gambling in your life?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 Not At All Useful      | 2                        | 3                        | 4 Very Useful            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

15. What could Rideauwood do to be more helpful to you in helping you achieve your goals to reduce the harmful effects of gambling in your life?

16. Was any part of Rideauwood's Problem Gambling service been especially useful to you in helping you to achieve your goals to reduce the harmful effects of gambling in your life?

**The first eight questions were taken from a standardized client satisfaction tool, the Client Satisfaction Questionnaire (CSQ-8), developed at the University of California in 1979. The last eight were developed by Rideauwood.**

**Also on file at Rideauwood but not included here:  
Warning Signs on Problem Gambling in Adults (Iowa Department of Human Services, 1994a, Saskatchewan Health, 1994)**

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